

South Cook County Policies and Procedures

Part 1



South Cook County Emergency Medical Service System
Ingalls Memorial Hospital
One Ingalls Drive, Harvey, Illinois 60426
Phone: 708-915-6900 Fax: 708-915-2743

Policies and Procedures

Abandoned Newborn Infant Protection Act

This ACT allows a parent to relinquish a newborn infant, who they reasonably believe is 30 days old or less, to EMS personnel in order to provide a safe alternative to a parent who may be considering abandonment of a newborn infant. The parent may remain anonymous and is immune from liability as long as the infant is unharmed.

Procedure:

1. When a person arrives at the department to relinquish a newborn infant, the infant is to be transported to the nearest emergency department. The act of relinquishing a newborn infant serves as implied consent to treat, provide care and transport.



Abandoned Newborn Infant Protection Act

2. If there is no outward evidence of abuse or neglect of the infant, the parent has the right to remain anonymous and to leave the department.
3. If there is suspected child abuse or neglect, the emergency medical personnel who are mandated reporters must report the abuse or neglect to the appropriate authority.
4. The EMS personnel should attempt to provide the relinquishing parent with:
 - A. The packet of information as required by the ACT.
 - B. Inform the relinquishing parent that acceptance of the above mentioned packet is voluntary and completion of the forms is voluntary.



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5. If the relinquishing parent is not present, cannot be located, etc., then #4 above does not apply.
6. If the parent of a newborn infant returns to reclaim the child within 72 hours after relinquishing the child, the medics should inform the parent of the name and location of the hospital to which the infant was transported.
7. Documentation of care and transport of the infant on the EMS Report Form and any other pertinent information is required.



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Also note...

The law was recently just changed to allow babies up to 30 days old to be dropped off. It used to be only babies up to 7 days could be dropped off. If you're not sure, don't hesitate to ask the person how old the baby is.

Regardless of how old the baby is, you should take the baby if it is being offered up or left at the department.

The Safe Haven signs should be posted at fire departments, police stations, and hospital emergency departments.

This has happened in the Ingalls system, so it can happen to you.

No matter what, get in touch with the PD and get them involved as well.

Transport the baby to the nearest ER.

Document! Document! Document!



Alleged Sexual Assault Survivors

1. The alleged sexual assault survivor, male or female is to have privacy and supportive care provided to them upon their first contact with an EMS provider.

PURPOSE:

- a. To provide Emergency Medical care for the emotional and physical injuries sustained from an alleged sexual assault.
- b. To provide a more efficient “chain of evidence” through prompt, careful collection and documentation of physical evidence necessary for a police investigation.



Alleged Sexual Assault Survivors

2. Notification of Authorities

Notify the Police Department where the alleged incident occurred. If unknown, the local municipality.

In cases involving minor children (under 18 years of age) emergency services shall be provided without parental consent. Notification of a parent or guardian will be attempted if the patient requests.

If the patient is under 18 years of age and appears to have been assaulted or molested by any person responsible for the child's welfare or residency in the same house as the child or any paramour (boyfriend/girlfriend) of one of the child's parents, the Illinois Abused or Neglected Child report Act (PA81-77) requires that the EMS care provider immediately report the incident to the Department of Children and Family Services (1-800-252-2873). (Reference South Cook County Policy C-30). Document on record the time the person notified.



Alleged Sexual Assault Survivors

3. Emergency Care

Examination of and consultation with the survivor of an alleged sexual assault is to take place in a private setting. For the protection of patient and EMS personnel, two (2) EMS providers should remain with the patient during exam and treatment of patient (where possible, same gender EMS providers may add to the comfort of the patient).

Treatment of life and limb threatening injuries begin in the field as per protocol.

Transport to the nearest hospital.

Any items of clothing that needs to be removed or cut to effectively treat the patient must come with the patient to the hospital.



Alleged Sexual Assault Survivors

4. Documentation

Note any bruises, lacerations, abrasions, etc., and document on EMS Report Form.

The EMS Report Form should show the following pertinent points:

1. Patient's name, address, age
2. Date and time of alleged sexual assault
3. Time of patient's arrival at the hospital
4. History including allergies and current medications
5. General description of physical trauma
6. Notice if clothing was removed or cut and disposition of clothes
7. Treatment rendered

It should be remembered that since the determination of whether or not a sexual assault has occurred is the responsibility of the Court and not those treating the patient. The EMS Report Form should not reflect any conclusions regarding whether a crime has occurred.

Alleged Sexual Assault Survivors

Also Note:

- If the patient is under 18 and appears to be abused, we are mandated to report the abuse to DCFS. This does not need to be done at the scene or at the ER. Can be done back at the station.
- If the hospital makes contact with DCFS (and you know this for sure), then you can document it on the station report. Does not necessarily need to be captured on the EMS patient care report. This is a statement of the patient's medical care, does not need to call out the logistics of who notified DCFS.
- Make sure you document if you cut the clothing on the patient. The patient's clothing is evidence of the alleged assault and it needs to be noted when the medic alters that evidence.
- Document! Document! Document!



Consent and Treatment of Minors

Illinois law provides that only the parent or guardian of a person under the age of 18 may consent to the provision of medical services to that minor.

Exceptions to this general rule are as follows:

1. Emergency medical treatment may be provided to a minor without parental consent when a life and/or limb threatening condition is present.
2. A minor who is a parent may consent to his or her own health care even though he or she is under the age of 18. If the minor's status as a parent were to end (for example, if the minor's child were given up for adoption) the minor would no longer have authority to consent to his or her own health care.
3. A pregnant minor can consent for her own treatment.



Consent and Treatment of Minors

Exceptions continued:

4. Any parent, including a parent who is a minor, may consent to health care on behalf of his or her child.

5. A 16-year-old driver involved in a minor traffic accident, may refuse treatment and transport, if they have decision-making capabilities and no obvious injuries. This relates only to the licensed driver of the vehicle. This does not include any other minors which may be involved in the vehicle.



Consent and Treatment of Minors

All patients under the legal age of 18 years of age must be encouraged to seek medical attention when ill or injured.

Injured, but not critical: Attempt to contact parent or guardian. This may be done by cell phone, dispatcher and/or law enforcement on scene. If reasonable attempts are unsuccessful, encourage patient to allow transport to closest hospital. If patient continues to refuse, call medical control for further instructions. In all cases, document situation and attempts at parental consent thoroughly and completely.

No injury noted or stated: Attempt to contact parent or guardian as above. If reasonable attempts are unsuccessful and patient continues to refuse, document situation, including witnesses (signatures are required) and make attempts to contact parent or guardian that day. Document all attempts of contact thoroughly and completely. If questions regarding disposition of patient exists, contact medical control.



Consent and Treatment of Minors

Also note...

If the patient is the driver of a vehicle and is a minor and refuses treatment, make sure it is well-documented how the patient was informed of the risks of not seeking medical care or refusal to go to the hospital (if that is what they are requesting).

The State of Illinois considers a 16 year old driver to, by default, be of decision-making capability because they were issued a driver's license and they are driving a vehicle.

The other patients in the car, if they are under 16, must have a parent or guardian sign for them. If the passengers are 16-17, they fall under the mature minors act and may sign a release, however, they must be **entirely** healthy, with no injury/symptoms/etc.

Any questionable situations, call medical control of the intended receiving hospital for further directions.



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Consent and Treatment of Minors

Also note...

This can still put you between a rock and a hard place. No matter what you do, you need to be able to justify your actions in acting in the patient's best interest.

If medical control requires transport of the minor and they are refusing, this can mean that you might need to restrain the patient and transport.

Document! Document! Document!



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Emotionally Disturbed Patients and Petition for Involuntary Admission

The following policy will be used by EMTs/PMs in the treatment of emotionally disturbed patients who may endanger themselves or others.

PETITIONING AN EMOTIONALLY DISTRAUGHT PATIENT:

Purpose: To be used when EMS personnel or family reasonably suspects that the patient “at the time the determination is being made or within a reasonable time thereafter, would intentionally or unintentionally physically injure himself or other persons, or is unable to care for himself so as to guard himself/herself from physical injury or to provide for his/her own physical needs” and is in need of mental and/or psychological treatment against his/her will. This does not include a person whose mental processes have merely been weakened or impaired by reason of advanced years.



Emotionally Disturbed Patients and Petition for Involuntary Admission

1. Attempt to orient the patient to reality and to persuade this person to be transported to the hospital so that he/she can be examined and/or helped by a physician.
2. If persuasion is unsuccessful, the EMS personnel should request that the family sign the PETITION FORM FOR HOSPITALIZATION No. 79-MHDD-5 (see example), which allows them to transport the patient to the hospital against his/her will.

IN NO WAY does this mean that the EMS personnel are committing the patient for hospital admission. It simply enables EMS personnel to transport a person in need of mental and/or psychological treatment to a hospital against his/her will so that a physician may evaluate said patient.



Emotionally Disturbed Patients and Petition for Involuntary Admission

3. If the family has refused to sign the form, the next most appropriate person would be a police officer. However, if police are not present, the medic may sign the form.
 4. After Form 79-MHDD-5 has been signed, the patient must be transported to the nearest hospital in the State of Illinois*. Form 79-MHDD-5 should be attached to the Pre-hospital Patient Care Report so that it can become a part of the patient's Emergency Department record.
**in the case of life threatening illness, the patient is to be transported to the closest hospital, even if it is across the State line.*
- Use of Restraints: Restraints may be used during the transport of an emotionally disturbed patient who is in danger of hurting themselves or others. (See Guideline: Applying Patient Restraints)



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Emotionally Disturbed Patients and Petition for Involuntary Admission

Also note...

The 79-MHDD-5 form should be signed by the patient's family member that is requesting treatment/transport. If there is not a relative of the patient present, whomever is with the patient that is requesting services may sign the form instead.

It is not MANDATORY that the 79-MHDD-5 form be signed in order to treat/transport the patient against their will, but it provides a piece of documentation as to what took place and why.

Document! Document! Document!



Do Not Resuscitate

Do Not Resuscitate (DNR) refers to the withholding of CPR, electrical defibrillation\ synchronized cardioversion or electrical pacemaker, unless otherwise stated in the DNR order. The policy shall include, but not be limited to, specific procedures and protocols for cardiac arrest\DNR situations arising in long-term care facilities, with hospice and home care patients, and with patients who arrest during inter-hospital transfers or transportation to or from home.

Pre-hospital care that should be performed in conjunction with a valid DNR order:

- A. Provide comfort, care and compassion for the patient.
- B. Treat an acute airway obstruction, even if intubation is required.
- C. Treat problems NOT specifically listed (such as Atropine for symptomatic bradycardia (with a pulse), 50% dextrose for hypoglycemia, etc.).



Do Not Resuscitate

A DNR decision will be considered applicable in the following circumstances:

Triple Zero

The term “**Triple Zero**” will be utilized for those situations where obvious signs of biological death are present (e.g. Decapitation, rigor mortis without profound hypothermia, dependent lividity, decomposition, mummification, etc.).

1. Confirmation of a Triple Zero will be done through contact with the intended receiving Hospital Emergency Department. Transmission of ECG data will be done at the discretion of the ED Physician or ECRN.
2. Confirmation of a Triple Zero is not to be interpreted as a pronouncement of death, but only a determination that resuscitative measures may be unnecessary and inappropriate.
3. Transport of this patient is not necessary, but proper notification of the coroner or funeral home is required.
4. Patient has been declared dead by coroner, physician, or medical examiner, and shall include appropriate signature.



Do Not Resuscitate

DNR Order

A DNR is a course of action prescribed by a physician to withhold resuscitative measures on a victim of a witnessed or unwitnessed cardiac arrest.

A valid DNR order will be a written document, which has not been revoked, containing at least the following information, on a form provided by the Illinois Department of Public Health. If the form is reproduced, brightly colored paper shall be used. Other DNR orders will be recognized also, if the following information is included:

- a. Name of patient
- b. Name and signature of attending physician
- c. Effective date
- d. The words “Do Not Resuscitate”
- e. Evidence of consent (any of the following)
 - Signature of patient, or
 - Signature of legal guardian, or
 - Signature of durable power of attorney for health care agent, or
 - Signature of surrogate decision-maker as defined by the IHC (Illinois Health Care) Surrogate Act.



Do Not Resuscitate

DNR Order

A living will by itself cannot be recognized by pre-hospital care providers.

Revocation of a written DNR order shall be made in one or both of the following ways:

- The order is physically destroyed or verbally rescinded by the physician who signed the order, or
- The order is physically destroyed or verbally rescinded by the person who gave written consent to the order.
- The word “Void” is written across the front of the order by the person who gave consent or by the individuals legal representative.



Do Not Resuscitate

Pre-hospital personnel must make a reasonable attempt to verify the identity of the patient named in a valid DNR order.

The Emergency Department must be notified in all situations when a DNR order is involved. Transmission of ECG data will be at the discretion of the physician or ECRN.

All Region VII EMS personnel will be authorized to accept a DNR order, which meets the criteria for validity.

The original DNR order, or a copy, should be attached to the Ambulance Run Report Form.



Do Not Resuscitate

Patients who are covered by a valid DNR order and require transport to or from a health care facility will be afforded comfort care. If a patient's condition deteriorates during transport or if cardiac arrest occurs, refer to the DNR order for pre-arrest emergency instructions.

After responding to a scene, reasonable efforts should be made by pre-hospital personnel to determine if a valid DNR order exists for registered hospice or home care patients, patients of long term care facilities, or other patients who are known to suffer from a terminal illness.

When patients who are covered by a valid DNR order expire before transport, transportation to a hospital is not required. Proper notification of the medical examiner / coroner or funeral home of choice is indicated, however, for appropriate disposition. (See policy for Coroner/Medical Examiner Notification)

If a valid DNR order is not present, and none of the conditions stipulated in Section II-A (Triple Zero) of this policy are met, then patient care must proceed in accordance with the EMS Region VII Standing Medical Orders.



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Do Not Resuscitate

Also note...

The State of Illinois is trying to get DNRs printed/copied on brightly colored paper. This is not a requirement for a DNR, they can be black and white. They can be on anything, really – Dr.'s office stationary, back of an envelope, etc. As long as it meets the requirements for a valid DNR.

If you make a photocopy of the DNR to include with your patient care report, the colored photocopy should stay with the patient. You take your black and white one and include it with the report.

If you have a patient that has died and had a DNR and the family cannot decide where the patient will be transported to in a reasonable amount of time, the EMS crew should transport the patient to the closest ER.

Document! Document! Document!



Medical Examiner or Coroner Case

When EMS personnel are summoned to the scene and are advised by law enforcement that the deceased patient is a medical examiner\coroner case, the procedures to follow should be coordinated with local law enforcement and may include:

1. Established that there are no vital signs, keeping victim as undisturbed as possible.
2. Contact on-line medical control to confirm triple zero.
3. Record all pertinent information on EMS Report Form.

Note: An EMS Report form must be completed on all medical examiner\coroner cases. Keep detailed records of the incident including your observations of the victim and scene. In many felony cases, the EMT will be called to testify and clear, concise records are of utmost importance.



Medical Examiner or Coroner Case

4. Once triple zero is confirmed, consult the on-scene law enforcement concerning the disposition of the deceased. Deceased patients who are medical examiner\coroner cases should be transported in such a way as to minimize jurisdiction conflicts.
5. If the deceased is pronounced at the scene by a medical examiner\coroner and released from the scene, the EMT may transport to the funeral home of the family's choice or arrange transport by local law enforcement.
6. If it is necessary for the deceased to be transported to a morgue (county or local) the ambulance may transport or arrange with local law enforcement to provide transportation to that location.
7. If transportation to a hospital is indicated, the closest hospital in Illinois should be the receiving facility and contacted.
8. Local law enforcement may contact the attending physician of the deceased (if known) to determine if he/she will sign the death certificate.



Medical Examiner or Coroner Case

Also note...

Medical Examiners are in Cook County. A Medical Examiner is a physician. The collar counties to Cook use Coroners. A coroner may not necessarily be a physician. Most likely, you will not get a physician on scene when the Medical Examiner is contacted.

On-scene law enforcement agencies are always in charge in these cases.

If you are asked to confirm a triple zero but you are instructed to not disturb the body/evidence at all, you may need to be creative as to how you put the electrodes on the patient to obtain the reading. They can be put in other areas of the body and still confirm that there is no electrical activity from the heart.

If the PD refuses to let the EMS crew even get close to the scene but want confirmation of triple zero, simply document what you find/see and indicate “no patient” on the patient care report.



Medical Examiner or Coroner Case

Also note...

The EMS crew is responsible for the transport of the deceased patient to its final destination. Technically speaking, if the patient dies in the ER and they need to go to the Medical Examiner's facility, the transporting EMS agency is responsible to transport the patient to the ME's facility. Now, this doesn't always happen, however, you may be called back to transfer the patient to the ME's office.

Ingalls recommends that you not transport a deceased patient in one of your licensed ambulances, if you have the option. The rationale is that if the ambulance is involved in a lengthy transport, it is not available for response to the rest of the town.

It is recommended to use a backup ambulance or other type of transport. This transport should be discrete and appropriate.

South Cook County Policies

The EMS office would like to thank Mark Krizik of the Posen Fire Department for his work on this power point presentation.